# Case 24-12842-pmm Doc 17 Filed 11/26/24 Entered 11/26/24 17:26:15 Desc Main Document Page 1 of 4

| Fill in this information                | n to identify your case: |                |                        |                                                                                                    |
|-----------------------------------------|--------------------------|----------------|------------------------|----------------------------------------------------------------------------------------------------|
| Debtor 1                                | <b>Tyreek</b> First Name | T. Middle Name | Cooper<br>Last Name    | Check if this is:                                                                                  |
| Debtor 2<br>(Spouse, if filing)         | First Name               | Middle Name    | Last Name              | An amended filing  A supplement showing postpetition chapter 13 expenses as of the following date: |
| United States Bankruptcy Court for the: |                          |                | rn District of Pennsyl |                                                                                                    |
| Case number (if known) 24-12842         |                          | !              |                        | MM / DD / YYYY                                                                                     |

### Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question

| . Is this a joint case?                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                 |                                    |  |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------|------------------------------------|--|
| No. Go to line 2.                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                 |                                    |  |
| Yes. Does Debtor 2 live in a sep                                                                                               | parate household?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                     |                 |                                    |  |
| □ <sub>No</sub>                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                 |                                    |  |
| ☐ Yes. Debtor 2 must file                                                                                                      | e Official Form 106J-2, Expenses for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Separate Household of Debtor 2.                     |                 |                                    |  |
| Do you have dependents?                                                                                                        | $\square_{No}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     |                 |                                    |  |
| Do not list Debtor 1 and Debtor 2.                                                                                             | Yes. Fill out this information for each dependent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Dependent's relationship to<br>Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you?      |  |
| Do not state the dependents' names.                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Child                                               | 6               | □ No. <b>☑</b> Yes.                |  |
|                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                 | ☐ No. ☐ Yes.                       |  |
|                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                 | ☐ No. ☐ Yes.                       |  |
|                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                 | ☐ No. ☐ Yes.                       |  |
|                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     | -               | ☐ No. ☐ Yes.                       |  |
| Do your expenses include expenses of people other than yourself and your dependents?                                           | <b>√</b> No<br>□ <sub>Yes</sub>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                 |                                    |  |
|                                                                                                                                | nkruptcy filing date unless you are                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | using this form as a supplement in a                |                 |                                    |  |
|                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                 |                                    |  |
|                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     | You             | ır expenses                        |  |
| uch assistance and have included it                                                                                            | on Schedule I: Your Income (Officia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                     | 4. <u>You</u>   | \$1,877.95                         |  |
| uch assistance and have included it  The rental or home ownership exp                                                          | on Schedule I: Your Income (Officia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | al Form 106l.)                                      |                 |                                    |  |
| The rental or home ownership exp<br>for the ground or lot.                                                                     | on Schedule I: Your Income (Officia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | al Form 106l.)                                      |                 | \$1,877.95<br>\$275.00             |  |
| uch assistance and have included it of the rental or home ownership exprise for the ground or lot.  If not included in line 4: | on Schedule I: Your Income (Official openses for your residence. Include f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | al Form 106l.)                                      | 4               | \$1,877.95<br>\$275.00<br>\$208.00 |  |
| for the ground or lot.  If not included in line 4:  4a. Real estate taxes                                                      | on Schedule I: Your Income (Official penses for your residence. Include for the state of the sta | al Form 106l.)                                      | 4<br>4a         | \$1,877.95<br>\$275.00             |  |

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Debtor 1 Tyreek T. Cooper Case number (if known) 24-12842

Last Name

First Name

Middle Name

|                                                                                                     | Y    | our expenses |
|-----------------------------------------------------------------------------------------------------|------|--------------|
| Additional mortgage payments for your residence, such as home equity loans                          | 5    | \$0.00       |
| Utilities:                                                                                          |      |              |
| 6a. Electricity, heat, natural gas                                                                  | 6a   | \$200.00     |
| 6b. Water, sewer, garbage collection                                                                | 6b   | \$80.00      |
| 6c. Telephone, cell phone, Internet, satellite, and cable services                                  | 6c   | \$118.00     |
| 6d. Other. Specify:                                                                                 | 6d.  | \$0.00       |
| Food and housekeeping supplies                                                                      | 7.   | \$150.00     |
| Childcare and children's education costs                                                            | 8.   | \$0.00       |
| Clothing, laundry, and dry cleaning                                                                 | 9.   | \$20.00      |
| Personal care products and services                                                                 | 10.  | \$20.00      |
| Medical and dental expenses                                                                         | 11.  | \$35.00      |
| Transportation. Include gas, maintenance, bus or train fare.                                        | 40   | \$50.00      |
| Do not include car payments.                                                                        | 12   |              |
| Entertainment, clubs, recreation, newspapers, magazines, and books                                  | 13   | \$0.00       |
| Charitable contributions and religious donations                                                    | 14   | \$0.00       |
| Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.           |      |              |
| 15a. Life insurance                                                                                 | 15a. | \$0.00       |
| 15b. Health insurance                                                                               | 15b. | \$0.00       |
| 15c. Vehicle insurance                                                                              | 15c  | \$125.00     |
| 15d. Other insurance. Specify:                                                                      | 15d  | \$0.00       |
| <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.             |      |              |
| Specify:                                                                                            | 16.  | \$0.00       |
| Installment or lease payments:                                                                      |      |              |
| 17a. Car payments for Vehicle 1                                                                     | 17a. | \$0.00       |
| 17b. Car payments for Vehicle 2                                                                     |      | \$0.00       |
| 17c. Other. Specify:                                                                                |      | \$0.00       |
| 17d. Other. Specify:                                                                                | 17d  | \$0.00       |
| Your payments of alimony, maintenance, and support that you did not report as deducted              |      |              |
| from your pay on line 5, Schedule I, Your Income (Official Form 106l).                              | 18   | \$0.00       |
| Other payments you make to support others who do not live with you.                                 |      |              |
| Specify:                                                                                            | 19   | \$0.00       |
| Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom | e.   |              |
| 20a. Mortgages on other property                                                                    | 20a  | \$0.00       |
| 20b. Real estate taxes                                                                              | 20b  | \$0.00       |
| 20c. Property, homeowner's, or renter's insurance                                                   | 20c  | \$0.00       |
| 20d. Maintenance, repair, and upkeep expenses                                                       | 20d  | \$0.00       |
| 20e. Homeowner's association or condominium dues                                                    | 20e. | \$0.00       |

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| ebtor 1       | Tyreek                      | Т.                        | Cooper                                                                                                                 | Case number (if known) 24- | 12842      |
|---------------|-----------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------|------------|
|               | First Name                  | Middle Name               | Last Name                                                                                                              |                            |            |
| 1. Other. Spe | ecify:                      |                           |                                                                                                                        | 21. +                      | \$0.00     |
| 2. Calculate  | your monthly expe           | enses.                    |                                                                                                                        |                            |            |
| 22a. Add I    | lines 4 through 21.         |                           |                                                                                                                        | 22a                        | \$3,158.95 |
| 22b. Copy     | line 22 (monthly e          | xpenses for Debtor 2), i  | f any, from Official Form 106J-2                                                                                       | 22b                        | \$0.00     |
| 22c. Add li   | ine 22a and 22b. T          | he result is your monthl  | 22c                                                                                                                    | \$3,158.95                 |            |
| 3. Calculate  | your monthly net i          | income.                   |                                                                                                                        |                            |            |
| 23a. Copy     | line 12 (your comb          | pined monthly income) f   | rom Schedule I.                                                                                                        | 23a                        | \$4,462.79 |
| 23b. Copy     | your monthly expe           | enses from line 22c abo   | ve.                                                                                                                    | 23b                        | \$3,158.95 |
| 23c. Subtr    | ract your monthly e         | xpenses from your mon     | thly income.                                                                                                           |                            |            |
| The i         | result is your <i>montl</i> | hly net income.           |                                                                                                                        | 23c                        | \$1,303.84 |
| For examp     | ole, do you expect          | to finish paying for your | enses within the year after you file the car loan within the year or do you export a modification to the terms of your | pect your                  |            |

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| Fill in this information | n to identify your case: | :           |                              |
|--------------------------|--------------------------|-------------|------------------------------|
| Debtor 1                 | Tyreek                   | T.          | Cooper                       |
|                          | First Name               | Middle Name | Last Name                    |
| Debtor 2                 |                          |             |                              |
| (Spouse, if filing)      | First Name               | Middle Name | Last Name                    |
| United States Bank       | ruptcy Court for the:    | Easte       | ern District of Pennsylvania |
| Case number (if known)   | 24-12842                 | 2           |                              |

Check if this is an amended filing

#### Official Form 106Dec

#### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below                                                   |                                                                                               |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                              |                                                                                               |
| Did you pay or agree to pay someone who is NOT an attorn     | ney to help you fill out bankruptcy forms?                                                    |
| √Ino                                                         |                                                                                               |
| Yes. Name of person                                          | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|                                                              |                                                                                               |
| Under penalty of perjury, I declare that I have read the sum | mary and schedules filed with this declaration and that they are true and correct.            |
|                                                              |                                                                                               |
| <b>V</b>                                                     |                                                                                               |
| /s/ Tyreek T. Cooper                                         |                                                                                               |
| Tyreek T. Cooper, Debtor 1                                   |                                                                                               |
| Date 11/26/2024                                              |                                                                                               |
| MM/ DD/ YYYY                                                 |                                                                                               |
|                                                              |                                                                                               |